

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025140

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 24

Primary Registration District No. 3045

Registrar's No. 81

FILED JUL 15 1963

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charleston</b>		c. CITY OR TOWN <b>Charleston</b>	
Length of stay in 1b <b>15 Yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If outside, give location) <b>Lee Ave.</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Lura</b> Middle <b>Visor</b> Last <b>Visor</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/28/1905</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stave Mill</b>		11. BIRTHPLACE (City and state or country) <b>Batesville Miss.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Willie Visor</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Brown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Alzadie Visor</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[redacted]</b>	
17. INFORMANT <b>Mrs. Alzadie Visor</b>		Address <b>Lee Ave.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b> DUE TO (b) <b>Hypertensive C-V Dis</b> DUE TO (c) <b>[redacted]</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[redacted]</b> a.m. <b>[redacted]</b> p.m. <b>[redacted]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Charleston Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>6/9/63</b> to <b>7/4/63</b> and last saw him alive on <b>7/4/63</b> Death occurred at <b>9:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b>		22b. ADDRESS <b>Charleston Mo.</b>	
22c. DATE SIGNED <b>7/4/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>7-9-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cem</b>	23d. LOCATION (City, town, or county) <b>Charleston Mo.</b>
24. FUNERAL DIRECTOR <b>[Signature]</b>	ADDRESS <b>Charleston Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-9-63</b>	26. REGISTRAR'S SIGNATURE <b>Dorothy B. Hathorn</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	10675	20675	3	4	2	5	1	6	7	1	8	0	9	420.1	10	11	12	90-0	13	10
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RECEIVED

1963

JUL 16 1963

*Permit issued  
7-9-63  
JH*

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Willie R. Davis

Licensed Embalmer No. 5139

P. O. Address Charleston S.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.